

1614  
Docket No.: PF-0683 USN

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 28, 2003.

Printed: CATHLEEN M ROCCO

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Bandman et al.

Title: REGULATORS OF INTRACELLULAR PHOSPHORYLATION

Serial No.: 09/937,060

Filing Date: April 13, 2002

Examiner: To Be Assigned

Group Art Unit: 1614

Mail Stop: Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RECEIVED

MAY 07 2003

TECH CENTER 1600/2900

FEE TRANSMITTAL SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard; and
2. Response to Restriction Requirement (7 pp.);
3. Certificate of Revocation of Power of Attorney and Appointment of New Attorneys (2 pp.).

The fee has been calculated as shown below.

| Claims  | Claims After<br>Amendment | - | Claims<br>Previously<br>Paid For | = | Present<br>Extra | Other Than<br>Small Entity<br>Rate | Fee | Additional<br>Fee(s) |
|---|---------------------------|---|----------------------------------|---|------------------|------------------------------------|-----|----------------------|
| Total   |                           | - | 20                               |   |                  | x\$18.00                           |     | \$                   |
| Indept.   |                           | - | 3                                |   |                  | x\$84.00                           |     | \$                   |
| First Presentation of Multiple Dependent Claims |                           |   |                                  |   |                  | +280.00                            |     | \$                   |
| Total Fee:                                      |                           |   |                                  |   |                  |                                    |     | \$                   |

☒ No additional Fee is required.☐ Please charge Deposit Account No. 09-0108 in the amount of : \$ \_\_\_\_\_

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE CORPORATION

Cathleen M. Rocco

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Date: 28 April 2003

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